

Leszek ŚWIECA

Jagiellonian University in Krakow

Faculty of Management and Social Communication

MEDICAL MACHIAVELLIANISM IN POLAND - THE DARK SIDE OF CREATIVITY

Introduction

The world is changing faster than ever before and creativity is reaching the tops of quality. Given the "Flynn effect" it seems that we live the best of times possible, and the effects of intelligence¹, creativity and technological development are groundbreaking discoveries that change our everyday lives². This is important because people with higher levels of "IQ"³ differ from those with a lower one - on average they live longer, earn more⁴. Despite the variety of phenomena associated with IQ, few have attempted to understand or even describe its effects on evaluation and decision making⁵. Examples of creativity are seen everywhere: in the daily cleverness of children; in art and science - examples can be multiplied almost indefinitely, e.g. general relativity theory formulated by Albert Einstein⁶; in business, we can see signs of creativity in innovative products, such as 3M and Google⁷.

But what is creativity? The term can refer to a person, process, place or product. It can be found in geniuses and young children. It is studied by psychologists, neurologists, educators, historians, sociologists, economists, engineers and scientists representing most scientific disciplines. Defining the concept is the first step to understanding creativity. Most definitions contain three components⁸ - firstly: creative ideas must include something different, new or innovative. Secondly: creative ideas must be of high quality, and thirdly: creative ideas must apply to the performed task or some redefinition of this task.

It is also worth defining the word "innovate", which comes from the Latin word "innovare", which means "renewal, creation of something new". Innovativeness is a form of a problem that starts with the feeling that changes are necessary and ends with the successful implementation of the idea. Creative thinking is a process of multidimensional thinking about a problem - it is a cognitive process that focuses on considering many possibilities⁹.

¹D. Wechsler, The measurement of adult intelligence (in:) Journal of Nervous & Mental Disease, Volume 91, Issue 4, 1940, p. 548.

²J. R. Flynn, What Is Intelligence ? – Beyond the Flynn Effect. Cambridge University Press 2009, p.18.

³E. Underwood, Starting young. (in:) Science, 346(6209) 2014, p. 569.

⁴A. R. Jensen, The g factor: The science of mental ability (Vol. 648). Westport, CT: Praeger 1998.

⁵S. Frederick, Cognitive Reflection and Decision Making (in:) The Journal of Economic Perspectives, Vol. 19, No. 4 (Autumn, 2005), p. 25.

⁶M. Moerchen, R. Coontz, Einstein's vision. (in:) Science, 347(6226) 2015, p.1084.

⁷S. Moran, The Roles of Creativity in Society (in:) J.C. Kaufman, R. J. Sternberg (Eds.), The Cambridge Handbook of Creativity. Cambridge University Press 2010, p. 74

⁸J. C. Kaufman & R. J. Sternberg, Creativity. Change: The Magazine of Higher Learning, 39(4), 2007, pp. 55-60.

⁹M. M. Claphan, The Development of Innovative Ideas Through Creativity Training (in:) L. V. Shavinina (Ed.), The International Handbook on Innovation, Elsevier Ltd. Oxford 2005, p. 366.

The dark side of creativity

The relationship between creativity and dishonesty was demonstrated by researchers: Francesca Gino, Harvard Business School and Dan Ariely (2012) from the Fuqua School of Business - in an article entitled "The Dark Side of Creativity: Original Thinkers Can Be More Dishonest". The results of the research show the connection between creativity and dishonesty, thus highlighting the dark side of creativity.

McLaren was very opposed to creativity that is misused - for example in advertising, where creativity is used to promote sales of: unhealthy foods, dangerous products, alcohol, medicines; entertainment where it is used to promote disgusting values; glorifying crime etc. In politics in which it was used to promote, for example: racial or religious hate or in science and technology in which it is used to develop and build weapons of mass destruction or pollute the environment. Interestingly, McLaren pointed out that the damage generated by technological creativity is not limited to physical destruction¹⁰.

In the present world of realities of developed civilizations, ethical standards, or rather the lack thereof, seem to be dictated by concerns. Broadly understood business (social) psychology, adopts a submissive attitude towards the expectations of corporations that consider every means leading to the goal to be appropriate in order to generate profit. For corporations, ethics - utilitarianism¹¹ has only marketing significance, and unscrupulous psychologists generate a Machiavellianistic and psychopathic feature in corporation employees, thus creating ruthless (devoid of autonomy) Machiavellians - focused on generating profit for corporations at all costs¹².

Training conducted by psychologists that generate Machiavellianism (using hidden psychological violence - consisting in breaking resistance, "trampling" the system of higher moral values of the training beneficiary) - are used to deliberately mislead a doctor regarding the use of a drug, dietary supplement or medical device. They deprive the employee of having autonomy - understood as the ability to form beliefs and desires related to the ability to give reasons, why these and not other beliefs and desires are ours, as well as living in accordance with accepted values and beliefs and the ability to manage ourselves, in which both reason and will are involved. An autonomous person directs their own behaviour and gains emotional independence from others¹³. It is obvious that such (psychological) practices from the point of view of ethics and respect for legal order are unacceptable, and even criminal (the persuasion used exhausts the definition of psychological violence) and is morally aversive.

If a medical representative refuses to participate in training or to provide the physician with crafted test results, he will be immediately released, and the reason for dismissal will be the failure to meet the company's marketing standards.

¹⁰A. J. Coropley, The Side of Creativity: What Is It? (in:) D. H. Coropley, A. J. Cropley, J.C. Kaufman, M. A. Runco (Eds.), The Dark Side of Creativity. Cambridge University Press 2010, p. 3.

¹¹J. L. Badaracco, Business ethic – Roles and Responsibilities. Harvard Business School 1995, p. 59.

¹²i.e. drug sales / promotion policy implemented by some pharmaceutical concerns - including training carried out by external companies employing psychologists as trainers, consultants, supervisors etc.

¹³J. Brzeziński, J. Chyrowicz, B. Poznaniak, M. Toeplitz-Winińska, Etyka zawodu psychologa. Warszawa: Wydawnictwo Naukowe PWN 2008, p. 62.

The WHO definition¹⁴, adopted in 1996 and in force until now, defines violence as "Intentional use of physical force or power, formulated as a threat or actually used, directed against oneself, another person, group or community with a high probability of causing bodily injury, death, psychological damage, malformations or lack of elements necessary for normal life and health"¹⁵.

Elements of tactics¹⁶ (power) used to achieve the goal: strength: tactics can be strong, as in direct threat; but it may be weak, as in suggesting; rationality: tactics can be based on rationality, as in logical persuasion, or emotional requirements;

- **directionality**: tactics can be one-sided and not include the other party, or mutual, such as in conversation¹⁷.

I think that selfish¹⁸ psychologists who generate the Machiavellian trait, despite their creativity, are people who are significantly socially maladjusted (they violate the criterion of normality - constituting compliance with certain norms, protecting the good of others).

Let's assume that one of the ethical frameworks for psychologists can be the Declaration of Ethical Principles: 'The Universal Declaration of Ethical Principles for Psychologists'¹⁹ describes ethical principles based on shared human values in different cultures. Which confirms the commitment of the psychology community to building a better world where peace, freedom, responsibility, law, humanity and morality prevail. It provides a universally acceptable moral framework for psychologists in conducting their professional and scientific activities worldwide, in research, direct contact, teaching, consultation and any other role related to psychology. The Universal Declaration of Ethical Principles for Psychologists sets out a common moral framework that sets standards and inspires psychologists around the world - they are a guiding signpost pointing towards the highest ethical ideals in their professional and scientific work²⁰.

Machiavellianism - denial of ethical principles

The denial of the concept of ethical principles - is the idea expressed in the Machiavellian sentence: the end justifies the means and Machiavellian personality, which can be characterized as a syndrome of several main properties: a negative image of the world (the world is a fighting arena, people are evil, manipulative and violating moral norms; they deserve mistreatment); utilizing moral norms (knowledge and understanding of moral norms, but selective acceptance of norms conducive to the achievement of personal goals and breaking generally accepted norms); negative attitude to other people (disregarding the needs of other people, objectively

¹⁴H. Waters, A. Hyder, Y. Rajkotia, S. Basu, J. A. Rehwinkel, The economic dimensions of interpersonal violence. Department of Injuries and Violence Prevention, World Health Organization. Geneva 2004, s. 58.

¹⁵<https://pl.wikipedia.org/wiki/Przemoc> (retrieved 07.2015).

¹⁶A. Heifetz, Game Theory – Interactive Strategies in Economics and Managements. Cambridge University Press 2012, p. 2.

¹⁷P. Hartley, Komunikacja w grupie. Poznań 2000, p. 130.

¹⁸R. F. Baumeister, L. Smart, J. M. Boden, Relation of threatened egotism to violence and aggression: the dark side of high self-esteem. Psychological review, 103(1) 1996, p. 5.

¹⁹<http://www.iupsys.net/about/governance/universal-declaration-of-ethical-principles-for-psychologists.html> (retrieved 07.2015r.).

²⁰J. Gauthier, J. L. Pettifor, The Tale of Two Universal Declarations: Ethic and Huamn Right (in:) M. M. Leach, M. J. Stevens, G. Lindsay (Eds.), The Oxford Handbook of International Psychological Ethic. Oxford University Press 2012, p.125.

treating them, low readiness to engage positive emotions in relationships; egocentric motivational attitudes (determined by the need for success in games with other people, depreciation of their needs and goals); immunity and emotional coolness (cool syndrome) preserved in conflict situations.

However, the genesis of Machiavellian trait²¹ is more complicated and ambiguous. Take, for example, Machiavelli's arguments about the legitimacy and adequacy of deception, which is not entirely clear, and in fact seems to rely on two arguments: argument 1 - we must take into account the fact that other people are dishonest and we cannot rely on them; we still need to be prepared to anticipate their dishonest behaviour. Argument 2 - efficiency considerations often suggest that we should break our promises; simply for the sake of self-interest. If we accept the first argument, we have reason to reject the second. We can rightly invoke the wickedness of other people as a moral defence of our behaviour²².

Analyzing the cited arguments it is hard to resist the impression that we are dealing with a paradox²³. The low emotional involvement of Machiavellianists makes it easier for them to achieve their own goals, which is also fostered by a lack of empathy²⁴ (experimental studies on our closest relatives indicate that empathy can be the main motivator of pro-social behaviour)²⁵.

High level of empathy as a guarantee of keeping the medical promise

The role of emotions in moral action (especially altruistic behaviour) has been the topic of philosophical discussion for centuries (Hume, 1777/1966; Kant, 1788/1949). Some philosophers have argued that emotions such as compassion and empathy mediate altruistic behaviour, and that behaviour caused by compassion or empathy can be considered moral (Blum, 1980; Hume, 1777/1966)²⁶. There is no doubt about the intuitive definition of empathy, but do we really know what empathy is?

It seems that the roots of empathy date back to 1915²⁷. The term "empathy" has been defined in many ways at different times. Initially, the term was used in reference to aesthetics by Wispé²⁸, and in clinical literature empathy was defined in many ways. We can assume that empathy should include both cognitive and affective elements. Researchers Eisenberg and Strayer²⁹ argue that empathy requires at least a little differentiation of one's own and someone else's³⁰ emotional state³¹. Generally,

²¹L. J. Świeca, Makiawelizm i korelaty (mroczna triada) –nieidentyfikowane zagrożenia dla społeczeństw. (in:) *Przegląd Naukowo-Metodyczny Edukacja dla bezpieczeństwa*, 5/2014, Poznań 2014, p. 267.

²²T. Irwin, *The Development of Ethic. A Historical and Critical Study* –Vol.1. Oxford University Press 2011, p. 738.

²³J. D. Barrow, *Impossibility*. Oxford University Press 1999, p. 13.

²⁴L. J. Świeca, E. K. Wysocka, Makiawelizm edukacyjny w kontekście bezpieczeństwa podopiecznego w komunikacji społecznej – próba diagnozy. (in:) „*Przegląd Naukowo-Metodyczny Edukacja dla bezpieczeństwa*”. 2014 nr 1/2014. Poznań 2014, p. 316.

²⁵F. B. De Waal, The antiquity of empathy. (in:) *Science*, 336(6083) 2012, p. 874.

²⁶N. Eisenberg, P. A. Miller, The relation of empathy to prosocial and related behaviors (in:) *Psychological bulletin*, 101(1), 1987, p. 91.

²⁷E. B Titchener, Sensation and system. *The American Journal of Psychology*, 26(2) 1915, pp. 258-267

²⁸L. Wispé, The distinction between sympathy and empathy: To call forth a concept, a word is needed. *Journal of personality and social psychology*, 50(2), 1986, p. 314.

²⁹Eisenberg, N., & Strayer, J. (Eds.). (1990). *Empathy and its development*. CUP Archive.

³⁰N. D. Feshbach, *Studies on empathic behavior in children*, 1978.

³¹M. Lewis, J. M. Haviland-Jones, *Handbook of emotions*. New York, The Guilford Press 2011, p. 677.

we can assume that empathy is the involvement of mental processes that make a person feel emotions that are more suited to the person's situation than their own³². Empathy is a naturally occurring subjective experience of the similarity of feelings expressed by oneself and the ability to distinguish which feelings belong to whom. Empathy allows us to deduce and understand this emotional state³³. Therefore, the obvious conclusion is that if we have a high level of empathy - it is a "brake" in harming other people.

Doctor's and patient's communications can be divided into three areas: The first area is the intellectual sphere. This sphere includes: medical knowledge of basic disciplines (e.g. normal anatomy, biochemistry), preclinical and clinical disciplines (including internal diseases, psychiatry). This sphere also includes the ability to use this knowledge to solve clinical problems. The second area is the sphere covering the basics, motivations to learn about emotional problems of oneself and patients, understanding psychological needs and expectations of the sick and developing sensitivity to them. Perception and proper understanding of the patient's needs should trigger the appropriate behaviour of the future doctor, aimed at meeting them. It should be remembered that this sphere includes knowledge about psychology, psychopathology and knowledge of psychophysical differences. A doctor during studies and medical practice should develop and enrich his personality. Empathy, an innate personality trait, plays an important role here, and it should develop in the right direction during clinical teaching. Empathy is a cognitive-emotional process that allows you to understand and empathise with the patient's emotional state. The third area is the sphere of practical skills that should be mastered by a medical college graduate and doctor³⁴.

Results of Own Research

Focused group interview - the researcher interviewed several dozens of medical representatives working in different (leading) pharmaceutical companies. The purpose of the interview was to determine the manifestations of medical Machiavellism. The researcher guaranteed anonymity to medical representatives.

The researcher found that most of the medical professionals use two ways to "persuade" doctors to prescribe drugs: 1. "substantive" and 2. "non-substantive". Method 1 - "substantive", aimed at manipulating the doctor: the researcher obtained a document containing the standards of a medical representative visit (carried out throughout Poland) of one of the leading pharmaceutical concerns.

Table 1. A scanned document containing guidelines regarding the standard of a medical representative's visit to the doctor - step by step.

1. PLANNING OF VISITS

2. Uses knowledge about the client and the served area (notes and other sources)
3. Can set the SMART goal for visits
4. Prepares marketing tools appropriate for the purpose of the visit

³²M. L. Hoffman, *Empatia i rozwój moralny*. Gdańskie wydawnictwo psychologiczne 2006, p. 38.

³³J. Decety, P. L. Jackson, The functional architecture of human empathy (in:) *Behavioral and cognitive neuroscience reviews*, 3(2), 2004, p. 71.

³⁴M. Hebanowski, *Komunikacja lekarza z pacjentem w kompetencjach lekarza rodzinnego*, (in:) „*Medycyna Rodzinna*”. 2/1999, pp. 3-4.

5. REFERENCE TO A PREVIOUS VISIT

6. He references (recalls) the therapeutic problem from his previous visit

7. Asks whom (which patient) the doctor used the medicine for

8. Asks what the effect of the treatment was

9. NEEDS RECOGNITION (COMMUNICATION)

10. Asks open questions adequate to the purpose of the visit

11. Asks questions about doctor's habits / expectations

12. Summarises / paraphrases the physician's needs

13. DETERMINATION OF THE PURPOSE OF THE VISIT (WITH A DOCTOR)

14. Clearly specifies the purpose of his visit

15. Uses "key message" to specify the purpose of the appointment with the doctor

16. Non-verbally demonstrates courage, conviction and commitment in determining the purpose of the visit

17. N-T-B ARGUMENTATION (NEED - TRAIT - BENEFIT)

18. Demonstrates benefits for the patient and the doctor in accordance with marketing guidelines

19. Strengthens and visualizes his message using MF and other marketing tools

20. Shows the advantages of the drugs he promotes over competing drugs

21. OBTAINING CONSENT (INITIAL CONSENT)

22. Asks if the arguments convinced the doctors / pharmacist

23. Obtains declarations of drug use / recommendation

24. Dispels doubts and reservations

25. SUMMARY

26. Summarises the findings which the doctor will apply after the visit according to the schedule (what with whom, why)

27. Hands out advertising materials / collects order for samples

28. Schedules next visit

29. AFTER VISIT ACTIVITIES (NOTES)

30. Analyses the implementation of the SMART goal for the visit

31. Draws conclusions from the visit

32. Specifies goals for the next visit

33. Notes the date of the next visit

PLANOWANIE WIZYT
Wykorzystuje wiedzę o kliencie i obsługiwanym terenie (notatki i inne źródła)
Potrąfa ustalić cel SMART na wizyty
Przygotowuje narzędzia marketingowe właściwe do celu wizyty
ODWOŁANIE SIĘ DO POPRZEDNIEJ WIZYT
Odwołuje się (przypomina) problem terapeutyczny z poprzedniej wizyty
Pyta u kogo (jakiego pacjenta) lekarz zastosował lek
Pyta jaki był efekt leczenia
ROZPOZNANIE POTRZEB (KOMUNIKACJA)
Zadaje adekwatne do celu wizyty pytania otwarte
Zadaje pytania dotyczące przyzwyczajzeń / oczekiwań lekarza
Podsumowuje / parafrazuje potrzeby lekarza
OKREŚLENIE CELU WIZYT (Z LEKARZEM)
Jasno precyzuje cel swojej wizyty
Używa "key message" do określenia celu spotkania z lekarzem
Niewerbalnie demonstruje odwagę, przekonanie i zaangażowanie w określeniu cel wizyty
ARGUMENTACJA P-C-K
Demonstruje korzyści dla pacjenta i lekarza zgodnie z wytycznymi marketingowymi
Wzmacnia i wizualizuje swój przekaz używając MF i innych narzędzi marketingowych
Pokazuje przewagi promowanych przez siebie leków nad lekami konkurencyjnymi
UZYSKANIE ZGODY (ZGODA WSTĘPNA)
Pyta czy argumenty przekonały lekarza / farmaceutę
Uzyskuje deklaracje stosowania / rekomendowania leku
Rozwiewa wątpliwości i zastrzeżenia
PODSUMOWANIE
Podsumowuje ustalenia co lekarz zastosuje po wizycie wg schematu (co, u kogo, dlaczego)
Wracza materiały reklamowe / zbiera zamówienie na próbki
Ustala termin następnej wizyty
DZIAŁANIA PO WIZYCIE (NOTATKI)
Analizuje realizację celu SMART dla wizyty
Wyciąga wnioski z wizyty
Określa cele na następną wizytę
Notuje termin kolejnej wizyty

Source: own research

Particularly noteworthy is the following document: "Demonstrates benefits for the patient and physician - IN ACCORDANCE WITH THE MARKETING GUIDELINES" - usually this statement means manipulation of the presented research results (or using "independent" results - favourable to the promoted product) and deliberate misleading of the doctor, because the main goal of the medical representative is to increase the sales of promoted drugs - increasing market shares, not providing reliable medical information.

The case of medical Machiavellism, i.e. the publication of "independent research" as a hidden marketing message is revealed by, among others, "Washington Post" journalists. They decided to look at the process of creation of publications in the prestigious "New England Journal of Medicine". It turned out that as much as 82% of the texts published there were written by the authors who maintain relations with pharmaceutical concerns. As many as 60 out of the 73 newest drug analyses published by "New England Journal from Medicine" were co-financed by international pharmaceutical concerns. 50 were created by people who work for these corporations on a daily basis, and in almost 40 cases the drugs were described by researchers who had previously received grants from pharmaceutical companies for the development of their research projects. Professor Justin Bekelman from the University of Pennsylvania said that drugs receive positive reviews almost four times more often when there was a financial dependency in the form of a fulltime job or resources for research between the scientist describing the case and the pharmaceutical group. Meanwhile, "New England Journal from Medicine" is read by over half a million doctors from around the world who often apply the recommendations described therein in their daily work with patients, which, because of the biased approach of the authors of the analysis, may end in a tragedy. "Washington Post" wonders if this was the case with Avandia's GlaxoSmithKline drug used for treating diabetes. Years ago, Avandia received solely positive reviews in the prestigious magazine. No wonder, since every member of the analysis team has previously collected money from GSK. Four of these scientists were even its shareholders. The analysis omitted side effects. Those were experienced by 87 thousands American patients who had suffered from a heart attack triggered by taking Avandia. Many of them died because of this. Avandia malicious effects could have been signaled from the beginning, but at the time of the launch, no attention was paid to them, said US cardiologist Steven Nissen. Similarly, it could also be so in the case of Vioxx, which in addition to a great efficiency in the treatment of arthritis also caused cardiological problems and resulted in deaths of patients. A few years ago, the "New England Journal of Medicine" described its effectiveness, while two researchers were permanently employed by the pharmaceutical company that produced analyzed drug³⁵.

The foundation of Machiavellianism - manipulation in interpersonal communication

The term "manipulation" comes from the Latin language, from a combination of two words, namely, manus - hand and plere - fill (e.g. hand with water). Other authors derive this term from manus pellere, which means "to have someone's hand in your

³⁵<http://www.forbes.pl/koncerny-farmaceutyczne-oskarzane-o-korupcje-w-chinach,artykuly,158605,1,1-.html> (retrieved 07.2015r.).

hand, to have someone in your hand." In a descriptive sense, the term is often semantically related to rhetoric, persuasion, doctrine, guardianship, repression, as well as agitation and propaganda. Manipulating people means using them as tools to achieve your goal. Any manipulation of someone, even if we are convinced that we do it "for his good", to some extent violates his freedom of choice, is a manifestation of treating him in an instrumental way. It is generally believed that the manipulator is trying to exert such an influence on the manipulated person that will change his thinking and whole attitude, and thus the person will make such decisions and act in the manner planned by the manipulator³⁶.

Social influence is a broader concept than manipulation - every act of manipulation belongs to the category of social influence, not every act of social influence is manipulation. Social influence includes both intentional and unintentional impacts, when the subject is unaware that his behaviour affects the way of thinking, emotions or behaviour of another person (Nawrat, 1989; Witkowski, 2000). Dariusz Doliński (2000) indicates that social impact can be associated with both positive and negative impacts on the impacted object. Manipulation, on the other hand, is an impact in which the person who exerts influence does not take into account the interest of the person subject to this influence, and above all self-interest is important to him. Manipulation is therefore defined as the undertaking by an individual, group or institution of intentional behaviour aimed at encouraging other people to activities that they would probably not take spontaneously. At the same time - what is important - they are supposed to lead the affected person to the wrong belief that it is them (and not the manipulator) who controls the situation, and the basic motive of the influencing person is to maximise self-interest in specific social interaction (Nawrat, 1989).

In everyday life, the concept of social impact is referred to as "getting their way". At the same time, psychological research shows that social influence is often the result of not so much the use of sophisticated procedures or techniques, but of taking a shortcut to launching the universal rules of social functioning in people: reciprocity, commitment and consistency, social proof of equity, liking and sympathy, authority, inaccessibility (Cialdini, 1994)³⁷.

Can persuasion be ethical? Thomas Nilsen says yes, but on condition - it is only ethical when it increases the listener's ability to make a free choice. On the other hand, persuasion used in messages of e.g. advertising content, undoubtedly try to bypass rational thinking - by referring e.g. to emotions; persuasion in advertising deprives us of free choice and, as a consequence, is unethical³⁸ and may contain elements of hidden (brutal) violence.

The sales strategy of pharmaceutical concerns and the legal order of the Republic of Poland and the ethics of the medical profession

PHARMACEUTICAL LAW Art. 53³⁹. "Restrictions on advertising of a medicinal product 1. Advertising of a medicinal product must not be misleading, it should present the medicinal product objectively and inform about its rational use. 2. The advertising of a medicinal product may not rely on offering or promising any benefits,

³⁶A. Grzywa, Pułapki manipulacji. Lublin 2006, p. 4.

³⁷E. Mandal, Miłość władza i manipulacja w bliskich związkach. Warszawa 2008, pp. 52-53.

³⁸E. Gryffin, Podstawy komunikacji społecznej. Gdańsk 2013, p. 231.

³⁹The legal regulations applicable as of **15.07.2015**.

directly or indirectly, in exchange for the purchase of a medicinal product or to provide evidence that it has been acquired. 3. The advertising of a medicinal product may not be directed to children or contain any elements that are targeted at them. 4. An advertisement of a medical product, being a reminder of a full advertisement, in addition to its own name and the commonly used name may contain only a trademark which does not contain references to medicinal indications, pharmaceutical form, dose, advertising slogans or other advertising content"⁴⁰.

MEDICAL CODE OF ETHICS (Relations between doctors and the industry Art. 51a.) "1. A doctor should not take benefits from representatives of the medical industry if this may limit the objectivity of his professional opinions or undermine confidence in the medical profession.

2. The doctor may accept payment from the manufacturer of medicines or medical devices (medical equipment) for the work performed, conducting training and research that deepens medical or professional knowledge, if this payment is commensurate with the doctor's work input⁴¹. It is also worth quoting a medical promise, which is characterised by the highest standards of ethics: "I accept with respect and gratitude to my Masters the title of doctor granted to me and fully aware of the duties connected with it I promise: I must fulfil these duties diligently; - serve human life and health; to the best of my knowledge, prevent suffering and prevent disease, and help the sick without any differences, such as race, religion, nationality, political views, property status and other, aiming solely for their good and showing them due respect; do not abuse their trust and keep medical confidentiality even after the patient's death; guard the dignity of the medical condition and do not taint it with anything, and treat fellow doctors with due kindness, without undermining trust in them, but acting impartially and with the good of the sick in mind; - constantly broaden medical knowledge and make everything that I can invent and improve available to the medical world. I HEREBY OFFICIALLY SWEAR!"⁴²

Discussion

Is prescribing drugs that cost a lot (with a note on the prescription "do not replace", so that the pharmacist cannot issue a cheaper equivalent) - in exchange for financial benefits is consistent with the oath; social trust - a prestige of the medical profession? - There are patients who, due to lack of financial resources, will not buy medicines at all, but could buy a replacement generic medicine; or at least they should be able to make a decision, because the active substance in the original medicine is identical to the generic one. The situation in the pharmacy will be even more complicated if the doctor prescribing drug X "collects loyalty points" and the pharmacist "collects points" for each drug Y sold, a conflict of interest arises - the fight continues, and the patient is completely confused in this game and does not know who to believe. Who represents his interest?

About the "DO NOT REPLACE" problem (excerpt from a publication downloaded from the Polish Supreme Medical Chamber - read at 07.2015): "Is this the operability of pharmaceutical companies? Pharmacists are signaling that recently more than ever prescriptions with the note DO NOT REPLACE, reach

⁴⁰<http://www.lexlege.pl/prawo-farmaceutyczne/art-53/> (retrieved 07.2015).

⁴¹http://www.nil.org.pl/_data/assets/pdf_file/0003/4764/Kodeks-Etyki-Lekarskiej.pdf (retrieved 07.2015).

⁴²<http://www.nil.org.pl/dzialalnosc/o-samorzdzie-lekarskim/kodeks-etyki-lekarskiej> (retrieved 07.2015).

pharmacies. Such a note on the prescription means that you must not give the patient any other medicine, even with the same therapeutic value and chemical composition. This applies even if the patient cannot afford to buy the original. - The provision allowing the addition of DO NOT REPLACE clause has so far been rarely used - only in situations where the patient did not respond to treatment with other medications from the same group - says Bożena Golańska, a pharmacist from the pharmacy at ul. Przybyszewskiego. Most often, DO NOT REPLACE is added on prescriptions for specialised drugs - for hypertension, cardiovascular diseases, urological and neurological diseases, such as epilepsy, gastric diseases. In these cases, it is often only after many attempts that the doctor manages to choose the drug that gives satisfying results. The National Health Fund is allergic to this kind of annotations, because reimbursement of original medicines is much more expensive than cheaper substitutes. In turn, pharmaceutical companies want it to be exactly the other way⁴³.

"McHoskey (2001) proposed to rather abandon the definition of Machiavellianism as "subclinical psychopathy" - "Perhaps the name Machiavellianism as a subclinical antisocial personality would be a better solution, because the category of antisocial personality, as well as the high category Machiavellianism, includes people with different personality structures exhibiting similar antisocial behaviour, such as lying or calculated flattery⁴⁴. "A high level of Machiavellianism, especially in pharmaceutical concerns, is a sought after (necessary) trait of an employee.

After all, an employee with a high level of ethics (integrity) will not be able to deliberately and intentionally mislead the doctor (providing marketing-processed results of research on promoted / sold drugs). The medical representative will also have no ethical dilemmas regarding the implementation of the company's corruption strategies.

Conclusion

If three scientific disciplines - psychology, economics and law - meet - during cooperation, it may turn out that e.g. the inclusion of psychological knowledge in the legal system has allowed it to significantly improve⁴⁵ and this is an indisputable, one of many aspects of cooperation that works for the benefit of societies. But the cooperation of social psychologists with economics can lead and leads to violation of legal order - not to mention ethically aversive and even disgusting activities - of a criminal nature.

Unfortunately, the sad truth is the fact that behind the criminal activities of some of the leading pharmaceutical concerns stands a "team" of people, among others social psychologists who train medical representatives with full awareness and premeditation and prepare standards for PM visits to the doctor (based on manipulative techniques - resulting in misleading the doctor - and corruption interventions). If we play social roles, be it a doctor or psychologist, which is associated with his obligations and certain expectations from other members of

⁴³<http://www.nia.org.pl/news/89/amp8222nie-zamieniacquot.html> (retrieved 07.2015).

⁴⁴S.E. Draheim, *Makiaweliczna osobowość niepełnoletniego świadka*. Wydawnictwo Naukowe UAM, Poznań 2004r., pp. 51-52.

⁴⁵J. D. Levinson, Culture, Cognitions, and Legal Decision-Making (in:) R.M. Sorrentino S. Yamaguchi (Eds.), *Handbook of motivation and cognition across cultures*. Academic Press. San Diego 2009, p. 433.

society - this doctor is condemned when in an emergency he refuses to help the patient⁴⁶, but nobody condemns the psychologists working on for corporations (advertising mentioned above) conducting activities contrary to the public interest.

When people disagree with something - one says it's good, the other says it's bad - what methods of argumentation or investigation can resolve their dispute? Can it be solved by scientific methods, or does the solution require other types of methods, or also openness to alternative solutions? Let's end with the idea of decision⁴⁷. This is certainly the end point of ethics, because it is the moment when the courts are translated into some kind of practice, some action that affects the world⁴⁸.

Streszczenie

Autor określił wybrane objawy makiawelizmu medycznego - szczególnie w relacji przedstawiciel medyczny - lekarz. Wysoki poziom makiawelizmu, szczególnie w firmach farmaceutycznych. Przedstawiciel medyczny o wysokim poziomie moralności nie będzie w stanie celowo dezinformować lekarza (przedstawiając przetworzone przez marketing, a tym samym niewiarygodne badania na temat działania leku). W obecnym świecie rozwiniętych cywilizacji standardy etyczne (a raczej ich brak) wydają się być dyktowane przez firmy. Szeroko rozumiana psychologia biznesu spełnia oczekiwania firm, które uważają, że każdy sposób osiągnięcia sukcesu i wygenerowania zysku jest odpowiedni. Dla firm relacja etyka - utilitaryzm ma tylko jedno znaczenie, a pozbawieni skrupułów psycholodzy „zamieniają” pracowników tych firm w niepodzielnych (pozbawionych autonomii) i makiawelicznych ludzi nastawionych tylko na zysk - bez względu na cenę.

Słowa kluczowe: makiawelizm medyczny, manipulacja, korupcja, reklama narkotyków

Summary

The author determined the chosen symptoms of the medical Machiavellianism - especially in the relation medical representative - doctor. High level of Machiavellianism, particularly in the pharmaceutical companies, is a valued trait of a worker. A medical representative with high level of morality will not be able to purposefully and deliberately misinform the doctor (while presenting processed by the marketing and thus unreliable research about the medicine's effects). In the current world of the developed civilizations the ethical standards (or rather lack of thereof) seem to be dictated by the companies. The business (social) psychology in a broad sense yields to the companies' expectations and they believe that every mean to gain the success and generate profit is appropriate. For the companies the ethics - utilitarianism relation has only one meaning and unscrupulous psychologists "turn" the workers of those companies into undivided (robbed of autonomy) and Machiavellian people oriented only towards gaining the profit – no matter the price.

Key words: medical machiavellianism, manipulation, corruption, advertising drugs

⁴⁶M. Ossowska, Socjologia moralności – zarys zagadnień, PWN. Warszawa 2011, p. 65.

⁴⁷C. L. Stevenson, The Nature of Ethical Disagreement (in:) R. Shafer-Landau T. Cuneo (Eds.), Foundation of Ethic, Blackwell Publishing Ltd. Oxford 2006, p. 371.

⁴⁸M. Parker, Against Ethic, (in:) M. Parker (Ed.), Ethic & Organizations, Sage Publication. London 1998, p. 291.

Bibliography

- Badaracco J. L., *Business ethic – Roles and Responsibilities*. Harvard Business School 1995
- Barrow J. D., *Impossibility*. Oxford University Press 1999
- Baumeister R. F., Smart L., Boden, J. M., *Relation of threatened egotism to violence and aggression: the dark side of high self-esteem*. *Psychological review*, 103(1) 1996
- Brzeziński J., Chyrowicz J., Poznaniak B., Toeplitz-Winiewska M., *Etyka zawodu psychologa*. Wydawnictwo Naukowe PWN, Warszawa 2008
- Byrne P. H., *Analysis and Science in Aristotle*. State University of New York Press 1997
- Claphan M. M., *The Development of Innovative Ideas Through Creativity Training* (in:) L. V. Shavinina (Ed.), *The International Handbook on Innovation*. Elsevier Ltd., Oxford 2005
- Coropley J., *The Side of Creativity: What Is It?* (in:) D. H. Coropley, A. J. Cropley, J.C. Kaufman, M. A. Runco (Eds.), *The Dark Side of Creativity*. Cambridge University Press 2010
- De Waal, F. B., *The antiquity of empathy*. (in:) *Science*, 336(6083), 2012
- Decety J., Jackson P. L., *The functional architecture of human empathy* (in:) *Behavioral and cognitive neuroscience reviews*, 3(2), 2004
- Draheim S.E., *Makiaweliczna osobowość niepełnoletniego świadka*. Wydawnictwo Naukowe UAM, Poznań 2004
- Eisenberg N., Miller, P. A., *The relation of empathy to prosocial and related behaviors* (in:) *Psychological bulletin*, 101(1), 1987
- Feshbach, N. D., *Studies on empathic behavior in children*, 1978
- Flynn J. R., *What Is Intelligence ? – Beyond the Flynn Effect*. Cambridge University Press 2009
- Frederick S., *Cognitive Reflection and Decision Making* (in:) *The Journal of Economic Perspectives*, Vol. 19, No. 4 Autumn 2005
- Gauthier J., Pettifor J. L., *The Tale of Two Universal Declarations: Ethic and Human Right* (in:) M.M. Leach, M. J. Stevens, G. Lindsay (Eds.), *The Oxford Handbook of International Psychological Ethic*. Oxford University Press 2012
- Gino F., and D. Ariely., *The Dark Side of Creativity: Original Thinkers Can Be More Dishonest* (in:) *Journal of Personality and Social Psychology* 102, no. 3, 2012
- Gryffin E., *Podstawy komunikacji społecznej*, Gdańsk 2013
- Grzywa A., *Pułapki manipulacji*, Lublin 2006
- Hartley P., *Komunikacja w grupie*, Poznań 2000
- Hebanowski M., *Komunikacja lekarza z pacjentem w kompetencjach lekarza rodzinnego*, (in:), *Medycyna Rodzinna*”. 2/1999
- Heifetz A., *Game Theory – Interactive Strategies in Economics and Managements*. Cambridge University Press 2012
- Hoffman M. L., *Empatia i rozwój moralny*. Gdańskie wydawnictwo psychologiczne, Gdańsk 2006
- <http://natemat.pl/41487,washington-post-obnaza-nieuczciwosc-naukowcow-koncerny-farmaceutyczne-finansuja-niezalezne-badania> (retrieved 07.2015)
- <http://www.forbes.pl/koncerny-farmaceutyczne-oskarzane-o-korupcje-w-chinach,artykuly,158605,1,1.html> (retrieved 07.2015)

- <http://www.iupsys.net/about/governance/universal-declaration-of-ethical-principles-for-psychologists.html> (retrieved 07.2015r.)
- <http://www.lexlege.pl/prawo-farmaceutyczne/art-53/> (retrieved 07.2015)
- <http://www.nejm.org/> (retrieved 07.2015)
- <http://www.nia.org.pl/news/89/amp8222nie-zamieniacquot.html> (retrieved 07.2015)
- http://www.nil.org.pl/_data/assets/pdf_file/0003/4764/Kodeks-Etyki-Lekarskiej.pdf (retrieved 07.2015r.)
- <http://www.nil.org.pl/dzialalnosc/o-samorzdzie-lekarskim/kodeks-etyki-lekarskiej> (retrieved 07.2015)
- http://www.washingtonpost.com/business/economy/as-drug-industrys-influence-over-research-grows-so-does-the-potential-for-bias/2012/11/24/bb64d596-1264-11e2-be82-c3411b7680a9_story.html (retrieved 07.2015)
- <https://pl.wikipedia.org/wiki/Przemoc> (retrieved 07.2015)
- Irwin T., *The Development of Ethic. A Historical and Critical Study* –Vol.1. Oxford University Press 2011
- Jensen A. R., *The g factor: The science of mental ability* (Vol. 648). Westport, CT: Praeger, 1998
- Kaufman J. C., & Sternberg R. J., Creativity. *Change: The Magazine of Higher Learning*, 39(4), 2007
- Levinson J. D., *Culture, Cognitions, and Legal Decision-Making* (in:) R.M. Sorrentino, S. Yamaguchi (Eds.), *Handbook of motivation and cognition across cultures*. Academic Press, San Diego 2009
- Lewis M., Haviland-Jones J. M., *Handbook of emotions*. The Guilford Press. New York 2011
- Makiawelizm medyczny – mroczna strona kreatywności (w komunikacji społecznej), *Przegląd Naukowo-Metodyczny Edukacja dla bezpieczeństwa*, nr 2/2016 (31), Poznań: Wydawnictwo Wyższej Szkoły Bezpieczeństwa
- Mandal E., *Miłość władza i manipulacja w bliskich związkach*. Warszawa 2008
- Moerchen M., Coontz R., *Einstein's vision*. (in:) *Science*, 347(6226) 2015
- Moran S., *The Roles of Creativity in Society* (in:) J.C. Kaufman, R. J. Sternberg (Eds.), *The Cambridge Handbook of Creativity*. Cambridge University Press 2010
- Ossowska M., *Socjologia moralności – zarys zagadnień*, PWN. Warszawa 2011
- Parker M., *Against Ethic*, (in:) M. Parker (Ed.), *Ethic & Organizations*, Sage Publication. London 1998
- Stevenson L., *The Nature of Ethical Disagreement* (in:) R. Shafer-Landau, T. Cuneo (Eds.), *Foundation of Ethic*, Blackwell Publishing Ltd. Oxford 2006
- Świeca L. J., *Makiawelizm i korelaty (mroczna triada) – nieidentyfikowane zagrożenia dla społeczeństw* (in:) *Przegląd Naukowo-Metodyczny Edukacja dla bezpieczeństwa*, 5/2014
- Świeca L. J., Wysocka E. K., *Makiawelizm edukacyjny w kontekście bezpieczeństwa podopiecznego w komunikacji społecznej – próba diagnozy* (in:) „*Przegląd Naukowo-Metodyczny Edukacja dla bezpieczeństwa*”, nr 1/2014
- Titchener E. B., *Sensation and system*. *The American Journal of Psychology*, 26(2), 1915
- Underwood E., *Starting young* (in:) *Science*, 346(6209) 2014

- Waters H., Hyder A., Rajkotia Y., Basu S., Rehwinkel J. A., *The economic dimensions of interpersonal violence*. Department of Injuries and Violence Prevention, World Health Organization. Geneva 2004
- Wechsler D., *The measurement of adult intelligence* (in:) Journal of Nervous & Mental Disease, Volume 91, Issue 4, 1940
- Wispé L., The distinction between sympathy and empathy: To call forth a concept, a word is needed. Journal of personality and social psychology, 50(2), 1986